

NATIONAL VETERANS GOLDEN AGE GAMES

JUNE 9-15, 2001

COMPETITOR REGISTRATION FORM

(PLEASE TYPE OR PRINT)

Name: _____
(Last) (First) (Middle Initial)
Address: _____
(Street) (City) (State) (Zip)
Phone: () _____ Social Security # _____ - _____ - _____
Area code
Date of Birth _____ Male _____ Female _____
Age (As of June 1, 2001) _____

NAME OF VA MEDICAL CENTER _____
Address: _____
Support Staff Contact(s) _____

Are you: Ambulatory _____ Wheelchair: Self-propelled _____ Motorized _____
Make _____ Model _____
Inpatient _____ Outpatient _____

Contact in Case of Emergency (2 names please)

1. _____
(Name) (Street Address)

(City) (State) (Zip)
Daytime Phone _____ Evening Phone _____
Relationship: _____

2. _____
(Name) (Street Address)

(City) (State) (Zip)
Daytime Phone _____ Evening Phone _____
Relationship: _____

T Shirt size:

(Circle one)

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